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NEED FOR BETTER VITAL STATISTICS

Report of Health Committee
Association of Life Insurance Presidents

“Public Hygiene is built upon and directed by, and is everlastingly in debt to vital statistics. . . . Every wheel that turns in the service of public health must be belted to this shaft.”

Dr. John S. Fulton of Maryland
Secretary General 15th International Congress
of Hygiene and Demography

Submitted at the Sixth Annual Meeting of
Association of Life Insurance Presidents
at New York, Dec. 5, 1912

NEED FOR BETTER VITAL STATISTICS

To the Association of Life Insurance Presidents:

Your Health Committee respectfully submits the following report:

One of the most important and world-wide movements of the present day is the concerted attack on uncleanliness and disease. It is not limited to our own country and people; it is directed against no one disease, but against all the ailments which flesh is heir to. It is all the more irresistible because it comes from so many different angles. This war is being waged with constantly increasing energy. The medical profession has worthy allies in many other branches of science, in philanthropy and among business men and business institutions.

Diseases which a few years ago constituted well-grounded cause for alarm because of their contagious character and high mortality, have been brought under subjection and practically eradicated. Medical science has discovered new methods of treating still other diseases so as greatly to reduce their severity and consequent high death rate.

From a layman's, as well as from an economic view-point, the most interesting and important achievements have been the discoveries for the prevention of disease.

It has been the ambition of this Association to bear a modest part in this great movement and to lend a helping hand toward the conservation of human life. While the Association is not organized primarily for such purposes, yet every thinking person must admit that they have a direct relationship to the business in which the members of the Association are engaged; and consequently are proper subjects for the consideration of the Association itself.

Every policyholder is directly interested in the actual mortality experienced by his Company; and is indirectly interested in the hygienic condition of the communities in which all the policyholders live, and from which future accessions to membership must be obtained.

The National Government, many State Governments, National, State, County and local organizations, civic and social clubs and

societies, special exhibits and special trains, are contributing largely and successfully to the work of general and special hygiene and to the prevention and eradication of disease. This Association so far has contributed its mite largely through a campaign of publicity and education. Some of the foremost specialists in their particular branches have delivered addresses which have been given very wide publicity. Many of our members little realize how widely these addresses and the press notices of them have been disseminated. Additional impetus has been given also to the work by our individual members and by their officers and directors, both by bulletins, Company publications, and personal addresses before local organizations.

One of the serious questions which we have repeatedly asked ourselves has been, "What can we do best and how can we best do it?" Some of our members have thought that a general campaign of education by the way of public addresses and through the public press was about all that we could do. Others have suggested that the Association should apply itself more particularly to the betterment of local hygienic conditions; taking some particular place or places as typical of others in which to make the initial move; still others have thought that the Association should select some disease, as typhoid fever, and for the time being concentrate all our batteries on it.

When there is so much to be done, and so great a field in which to do it, it is a most difficult task to determine what to attempt first. It matters not how much the National and State Governments and independent societies and organizations may do; the actual results, whether applied to the cleaning up of towns and cities, the furnishing of water and milk to the individual consumer free from bacteria and harmful germs, or to the prevention or healing of diseases, must be local in character and must be brought about largely through local sentiment, working through local people.

The important question then is, "How can local public sentiment be aroused sufficiently to accomplish these results?"

A year ago an appropriation was made by the Association to be used in securing additional assistance in connection with the work of its Health Department. In a general survey of so broad and varied a field no one phase of the work appeared to offer an especially favorable opportunity for making a successful attack with the money available.

The International Congress of Hygiene and Demography held at

Washington, D. C., in September last, seemed to offer a rare opportunity for your committee to view the whole subject from many different angles, and perchance definitely decide along what particular lines the Association can best work in the future.

A meeting of the Committee was called for the afternoon of the first regular day of the Congress. All of the members, excepting two, were present; one being detained by illness, and the other by an unavoidable business engagement. At such meeting the official program of the Congress and the published abstracts of the addresses to be given were gone over carefully, page by page, and the members of the Committee were assigned to attend different sections of the Congress in its morning, afternoon and evening sessions. Those particular lectures on both hygiene and demography were selected which seemed likely to be most helpful. At the close of the next day your Committee again met and discussed the work of the day, and new assignments were made for the morrow. In this way we were able to get reports from several sessions and from different sections of the Congress.

Medical and hygienic science have, in recent years, made enormous strides both in the control and prevention of many forms of disease; yet such scientific knowledge cannot be advantageously made use of without reliable vital statistics. The same principles apply as in private business affairs. If an expert is employed to advise a manufacturer with reference to the condition of his affairs, he will at once ask to see the books. He cannot advise as to the cost of production or manufacture of goods; or as to the actual present financial condition if no books of account have been kept, and if there are no written records showing past transactions and present conditions. A patient cannot be intelligently treated until the physician has an accurate history of the case. A lawyer cannot wisely advise a client until all the facts are furnished him. This is so, and even more so, in the case of communities. In some localities the highest mortality is experienced from those diseases which are now known to be largely preventable. Familiarity seems to breed in this case apathy.

It is more difficult to get a community to make war against some disease which, notwithstanding its high mortality, has been of long standing than it is to induce the same people to take up arms against an uncommon disease much less dangerous. One mild case of smallpox in an adjoining county will cause more alarm than a dozen

cases of malarial or typhoid fever in the immediate community. In many places, especially in the South, the inhabitants appear to be ignorant of the fact that they unnecessarily suffer severely from malaria and other diseases incident to improper sewerage and impure drinking water; they are indignant if told that their mortality from such causes is in excess of that in similar communities elsewhere.

If we can, by official statistics, convince any community that it is an unhealthy place in which to live, and that such fact will be common knowledge, the local inhabitants will apply the remedy. Publicity is the most effective weapon that can be employed; it is a greater agent in any reform than mere mandatory legislation. Dr. W. S. Rankin, of the State Board of Health of North Carolina, forcibly demonstrated in his address before the Section on Demography at Washington, the great importance of reliable vital statistics in removing insanitary local conditions. Dr. Rankin has consented to address this meeting, and will furnish you such information at first hand.

It is to be hoped that every member of this Association will hear or read Dr. Rankin's address, and also the papers read at Washington by Dr. Dowling of the State Board of Health of Louisiana, Dr. Plecker, Director of the Bureau of Vital Statistics of Virginia, and Dr. Snow of the State Board of Health of California.

The most valuable asset of a man, a family, or a community is good health.

The total population of a Nation is the aggregate of many single units. It follows, therefore, that our problem is with the individual. If he is suffering from a disease, and his neighbors are dying, or have died, from the same cause, we must be able to find him, before we can cure him, or remove the cause. This cannot be done without reliable vital statistics.

The difficulty of securing necessary legislation in some States is well known. The National Government and the American Medical Association, among other agencies, are striving to secure adequate and uniform laws in all the States.

In a bulletin recently issued by the American Medical Association, this statement appears—

"The present condition of the registration of vital statistics in the United States, considering the country as a whole, is not far from constituting a national disgrace. Unlike practically all other

civilized countries, we have no general and thorough system for recording the chief events of human life, and especially the births of our children and the deaths of our people. . . . Honest data, fairly presented, will remove the imputation of unhealthfulness from many localities now tainted by the apprehension of insanitary conditions in the minds of possible incomers. Intelligent immigration will not go where the conditions of civilization are so slack that no regard is paid to human life, even so much as to record its beginnings and endings."

Vital statistics kept by cities and counties, without regard to standard forms making comparisons possible, have proven to be unsatisfactory. It is common knowledge that well-managed life insurance companies will not accept risks in sections known to have excessive mortality. Every company properly spends time and money to determine in advance those parts of the country which have an abnormal death rate. Prior investigation is more economical than the payment of death claims on policies imprudently issued. Reliable information should be available from the public records.

Some States have no law requiring a registration of vital statistics; in other States the laws are inadequate; and in still others the laws so far have not been effectively enforced. Attention is invited to a map in colors printed on the last page of the cover of this report.

There are sections of the country where the people rebel against a public record being made of the births of their children, and the deaths of their people. They say that they and their ancestors never have been compelled to furnish such information to a curious public, and that they will not do it now; yet these same people will not buy a horse or a cow unless the parentage or pedigree is a matter of record.

The Director of the Census in a recent publication says—

"It seems to me that there is almost nothing more important in the entire field of statistics than vital statistics, because of their direct bearing on the health and consequent welfare of the people. It certainly is both strange and shameful that the United States should be so far behind the other leading countries of the world in the registration of deaths, and even more so in the registration of births."

We wish to offer the testimony of three well-known authorities for the purpose of emphasizing the great value of vital statistics to preventive medicine, and for the prolongation of human life.

Assistant Surgeon General Trask, in a recent publication by the United States Government, makes this statement—

"A community which has no means of knowing with what contagious diseases it is afflicted, nor how many cases there are, nor where they are, is helpless to protect itself, and unnecessary sickness and death will result."

Dr. Wm. H. Allen, in a paper read at Harrisburg a few years ago, said—

"The earnest, intelligent health officer relies upon statistics for an understanding of his field. A tax collector can not discharge his duties unless he knows the address of every debtor. A police bureau can not protect society unless it knows the character and haunts of the degenerates. A health officer can not execute the law for the protection of society's health unless he knows the haunts and habits of disease. For this he must look to vital statistics.

"But the greatest service of vital statistics is their educational influence. . . . Wherever statistics are wanting, sanitary administration is defective. Wherever they are complete, sanitary administration is efficient. Defective vital statistics and low ideals of cleanliness and health go hand in hand."

Dr. John S. Fulton, Secretary of the State Board of Health of Maryland, in a paper read before the American Medical Association, said—

"Public hygiene is built upon, is controlled and directed by, and is everlastingly in debt to vital statistics. . . . Every wheel that turns in the service of public health must be belted to this shaft, otherwise preventive medicine must remain invertebrate and unable to realize the profits available from the magnificent offerings of collateral science."

The value of accurate vital statistics to the fundamental principles underlying life insurance is too well known to require mention even, to this audience.

Your Committee believes that it is within the province and within the power of the Association materially to assist in the passage and enforcement of proper laws for the securing of vital statistics in the United States, and that such work is both tangible and important.

We believe that the Association should continue its custom of inviting well-known public men and experts to give addresses at our annual meetings on the different phases of health conservation and hygiene; and that wide publicity should be given to the same.

We recommend, however, that for the present the Association give particular attention and such assistance as lies within its power to the passage and enforcement of proper and necessary laws for the registration, preservation, and compilation of vital statistics; and that a reasonable sum of money be expended for such purposes.

F. W. JENKINS, *Chairman*,
President, Security Mutual Life Insurance
Company, Binghamton, N. Y.

J. R. CLARK,
President, Union Central Life Insurance
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W. F. DIX,
Secretary, The Mutual Life Insurance
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J. L. ENGLISH,
Vice-President, Aetna Life Insurance
Company, Hartford, Conn.

JOHN K. GORE,
Vice-President and Actuary, The Prudential Insurance Co., Newark, N. J.

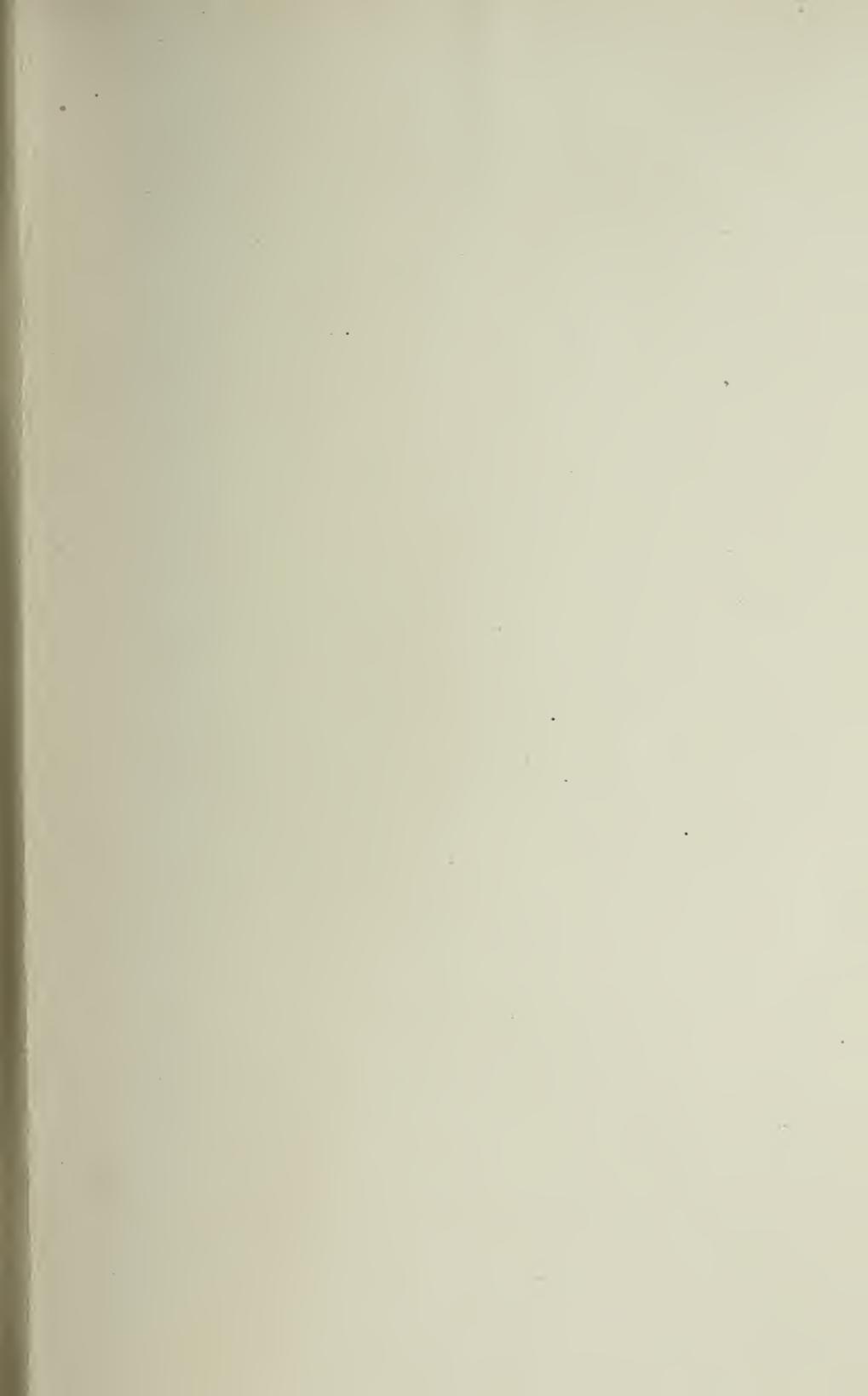
DR. A. S. KNIGHT,
Medical Director, Metropolitan Life
Insurance Company, New York City.

EDGAR S. SCOTT,
President, Franklin Life Insurance
Company, Springfield, Ill.

Dated December 5th, 1912.

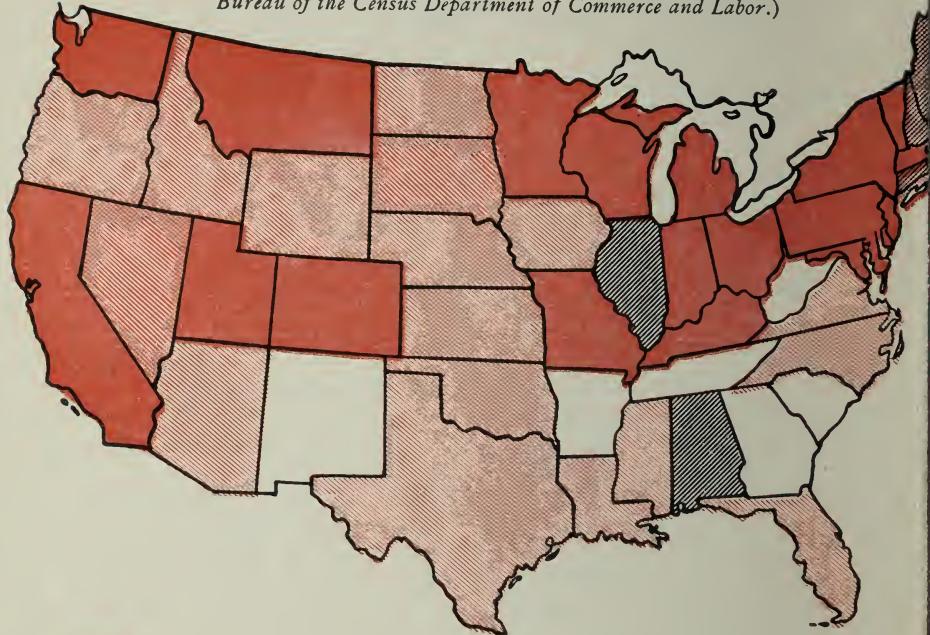
At the concluding session of the Sixth Annual Convention of the Association of Life Insurance Presidents, held on the afternoon of Friday, December 6, 1912, the following resolution was unanimously adopted:

"Resolved, That the report of the Health Committee be commended and its recommendations adopted."



Map Showing Use of The Standard Certificate of Death, 1912

(Prepared by Association of Life Insurance Presidents from data furnished by the Bureau of the Census Department of Commerce and Labor.)



Registration States using the Standard Certificate.



Nonregistration States using or recommending the Standard Certificate.



Registration States that have made no changes in certificates since the adoption of the Standard Certificate in 1902; they still retain the old blanks (of exact form), but will presumably unite with the States using the Standard Certificate when a change is made.



Nonregistration States that have adopted new blanks since 1902, and have adopted the Standard Certificate.



States left uncolored have no State laws (Arkansas, Georgia, South Carolina) of such unsatisfactory character that the Standard Certificate could not be used. Registration States are those in which, in the opinion of the Bureau of Census, at least 90% of all deaths are registered.

Nonregistration States are those in which the registration is below 90%, in which the adoption of the Standard Certificate has been too recent to allow judgment as to the completeness of registration.

The United States Standard Certificate of Death was adopted in 1902; revised by the American Public Health Association and approved by the U.S. Bureau of the Census, for use beginning January 1, 1910.

Prior to the use of the standard blank no two States (and hardly any two cities) in the United States had the same forms. No uniform instructions could be given, and exact comparability of returns was impossible.